

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 28 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000029521

1. Limited Liability Company's Name

**GMXG INFORMATION TECHNOLOGY
COMMUNICATION INTEGRATION, LLC**

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

4907 GRAINARY AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33624

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/11/2003

6. FEI Number

20-0132229

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JERRY ESTRADA

Street Address (P.O. Box Number is Not Acceptable)

4907 GRAINARY AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date MARCH 17, 2008

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JERRY ESTRADA	4907 GRAINARY AVE	TAMPA, FL 33624

REINSTATEMENT 05-08

800120859838
03/20/08--01050--012 **\$55.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 3/17/08

Daytime Phone# 813-777-0427

Typed or printed name of signing Managing Member/Manager

JERRY ESTRADA